

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	/						
2	X						
3	X						
4							
5	X						
6	X						
7	X						
8							
9							
10	X						
11							
12	/						
13	/						
14	/						
15	/						
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46							
47							
48							
49							
50							
TOTAL IND.							
TOTAL DEP.	4						
TOTAL CLAIMS	10						

CLAIMS	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
53								
54								
55								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								